Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

CLAIMS AS FILED - PART								SMALL ENTITY			OTHER THAN		
			(Column 1)		(Column 2)		Т	TYPE		OR SMALL		ENTITY	
TOTAL CLAIMS			8					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBI	ER EXTRA		BASIC FEE	375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			g minus 20=		*	0		X\$ 9=	٦	OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =		*	0		X42=	-	OR	X84=		
MULTIPLE DEPENDENT CLAIM PRESENT								+140=	_	OR	+280=		
* If the difference in column 1 is less than zero, enter					"0" in c	olumn 2		TOTAL	375	OR	TOTAL		
CLAIMS AS AMENDED					TII						OTHER	THAN	
		(Column 1)		(Colur		(Column 3)	_	SMALL E	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=		X42=		OR	X84=		
L	FIRST PRESE	NTATION OF M	ULTIPLE DEI	-ENDEN	CLAIM			+140=		OR	+280=		
										OB	TOTAL		
							Α	DDIT. FEE		OR	ADDIT. FEE		
		(Column 1)		(Colur		(Column 3)	l		455:			1	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	- 01 1	=		X42=		OR	X84=		
L	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDENT	CLAIM	<u> </u>	J	+140=		OR	+280=		
							L	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
	(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	1	X42=			X84=		
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		<b>!</b>  -	/\\\		OR		<del> </del>	
*	If the entry in colu	mn 1 is less than t	ha antru in cal:	ımn 2 west	a "O" in co	lumo 3		+140=		OR	+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  TOTAL ADDIT. FEE													
**		ımber Previousiy P nber Previousiv Pa					er foui	nd in the apr	propriate bo	x in co	lumn 1.		